

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent's Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Principal of Child's School**

\_\_\_\_\_  
**Name of School**

RE: **Request for Special Education Evaluation for**

\_\_\_\_\_  
Child Name, Date of Birth, Grade

Dear \_\_\_\_\_,  
**Principal's Name**

My child, \_\_\_\_\_, goes to \_\_\_\_\_. He/She is having  
**Child's Name** **Name of School**  
problems in school and needs help. [He/She has a diagnoses of Lead  
Poisoning

I want the school to conduct an evaluation of \_\_\_\_\_ to see if he/she  
needs special

**Child's name**  
Education or learning interventions.

\_\_\_\_\_ is having difficulty with:  
**Child's Name**

- |  |  |
|--|--|
| <input type="checkbox"/> Reading   | <input type="checkbox"/> Writing                   |
| <input type="checkbox"/> Math  | <input type="checkbox"/> Speech- Language          |
| <input type="checkbox"/> Homework  | <input type="checkbox"/> Frequent suspensions      |
| <input type="checkbox"/> Feeling anxious about going to school                 | <input type="checkbox"/> Physical problems         |
| <input type="checkbox"/> Attention, concentration, and focus                   | <input type="checkbox"/> Getting along with others |
| <input type="checkbox"/> Impulsivity (acting without thinking of consequences) |  |
| <input type="checkbox"/> Other _____   |  |

**I understand that the school must answer this request in writing  
within 30 calendar**

**days.** My address is listed at the top of this letter and you may call me at  
\_\_\_\_\_.  
**Daytime Contact Number**

I look forward to working with the school to improve \_\_\_\_\_'s education.

**Child's Name**

Sincerely,

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Parent's signature